



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
SKYLINE FIVE, SUITE 810, 5111 LEESBURG PIKE
FALLS CHURCH, VIRGINIA 22041-3206

RCS DD-HA(M)2016
Expires 25 February 2003

Please use the enclosed envelope and
mail the completed survey to:
Department of Defense
c/o National Research Corporation
P.O. Box 82660
LINCOLN, NE 68501-9465
1-800-733-6714

**42nd Medical Group
Internal Medicine Clinic**

TRICARE
MANAGEMENT
ACTIVITY

** 0060421-A12345 **

|||||

PVT JOHN DOE

1245 Q ST

LINCOLN, NE 68508-1430

Dear PVT JOHN DOE:

The Department of Defense is seeking your help in gathering important information about you or your family member's health care. This survey asks about your satisfaction with your appointment on 3 March 2000 in the Internal Medicine Clinic of 42nd Medical Group. If you visited a different Military Treatment Facility or you were seen by a different provider, please keep that facility and provider in mind when responding to the survey. We ask you to restrict your comments to that particular visit so we may focus on your satisfaction with that experience.

You were selected from a scientifically designed random sample of patients seen in that clinic. As in any sample survey, it is important that you respond so we may obtain a more accurate understanding of your satisfaction with your visit. Your feedback will offer the Commander of 42nd Medical Group and the entire leadership of the Military Health System valuable information for improving services and health care we provide. Once you have answered all the questions, please detach this cover letter and return only the questionnaire (and any written comments you care to make) in the enclosed postage-paid envelope at your earliest possible convenience.

Your answers to this survey will be held in strictest confidence, and you will not be personally identified in any reports or release of survey data. However, any written comments you provide will be forwarded directly to the Commander of the facility you visited. You have the option to provide or not provide your name and address with your comments. If your comments are of an urgent nature, please contact the Commander or Patient Representative directly. Only authorized personnel will have access to your name and address, and only for mailing purposes. Information which might be used to identify specific individuals will be removed from the files, and only group statistics will be reported.

We urge you to invest the 5 - 10 minutes which this survey will require to help us improve military medicine. Thank you for your help.

Thomas F. Carrato
Executive Director
TRICARE Management Activity

Paul K. Carlton, Jr.
Lieutenant General, USAF, MC, SFS
Surgeon General

Survey Guidelines

The survey is being conducted to help policy makers learn more about beneficiary satisfaction with the Military Health System. Information from the survey will be used to help develop policies that may be needed to improve the system. In addition, survey information will be used by military medical treatment facility commanders to evaluate services provided. The survey will be conducted monthly.

Providing information in this questionnaire is voluntary. There is no penalty if you choose not to respond. However, maximum participation is essential to ensure that the data are complete and accurately reflect the opinions of our beneficiaries as a whole. Your responses will be treated as confidential. Personal identifying information will only be used to prepare the questionnaire and send a follow up postcard. After that postcard is mailed, your name and street address will be purged from all databases. Only group statistics will be reported in findings from this survey. Any written comments you choose to send will be forwarded directly and exclusively to the commander of the facility which provided the health care.

Reports from this survey will be provided to the facility commander and intermediate levels of command up to the Office of the Assistant Secretary of Defense (Health Affairs). Some findings may be reported in manuscripts presented at conferences, symposia, scientific meetings and professional journals.

**PLEASE COMPLETE THE FOLLOWING SURVEY
ACCORDING TO THE MARKING INSTRUCTIONS BELOW**

MARKING INSTRUCTIONS	INCORRECT MARKS	   	CORRECT MARK	   
	• Please use a blue or black pen	• Fill the oval completely	• Do not make any stray marks	



001AMD25
0060421





**42nd Medical Group
Maxwell Air Force Base
Internal Medicine Clinic**

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1. What was the main purpose of your visit on 3 March 2000 to the Internal Medicine Clinic?
- ☐ Care for illness or injury where you felt you needed to see a doctor right away (urgent care)
 - ☐ Routine care for a non-urgent condition
 - ☐ Well patient visit for preventive care (check-up)
 - ☐ Specialty care, referral visit

2. Did Dr. Hunsaker or another provider treat you?
- ☐ Dr. Hunsaker
 - ☐ Other Provider (please keep that person in mind as you complete this questionnaire)

3. Thinking about your visit on 3 March 2000, how would you rate Dr. Hunsaker and the staff of the Internal Medicine Clinic on:

	Poor	Fair	Good	Very Good	Excellent
a. Friendliness and courtesy shown to you by the clinic's staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Attention given to what you had to say	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Thoroughness of treatment you received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Explanations of medical procedures and tests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Personal interest in you and your medical problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Advice you received about ways to avoid illness and stay healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Amount of time you had with Dr. Hunsaker and staff during your visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. How much you were helped by the care you received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. How well the care met your needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Overall quality of the care and service you received	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Definitely Probably Probably Definitely
not not yes yes

4. Would you recommend Dr. Hunsaker to your family or friends?

5. All things considered, how satisfied are you with the medical care you received at the Internal Medicine Clinic during this visit?
- | | | | | | | |
|-------------------------|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|-----------------------|
| Completely dissatisfied | Very dissatisfied | Somewhat dissatisfied | Neither satisfied nor dissatisfied | Somewhat satisfied | Very satisfied | Completely satisfied |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

6. How many days were there between the day your appointment was made and the day you saw Dr. Hunsaker?
- ☐ Same day
 - ☐ 1 day
 - ☐ 2 - 3 days
 - ☐ 4 - 7 days
 - ☐ 8 - 14 days
 - ☐ 15 - 30 days
 - ☐ More than 30 days
 - ☐ I did not have an appointment time; I "walked in" to the clinic (**GO TO Q8**)

7. How would you rate the number of days between the day your appointment was made and the day you saw Dr. Hunsaker?
- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very Good | Excellent |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

8. How long did you wait for Dr. Hunsaker past your appointment time (or past the time you walked in if you did not have a specific appointment)?
- ☐ Did not wait
 - ☐ 1 - 15 minutes
 - ☐ 16 - 30 minutes
 - ☐ 31 - 45 minutes
 - ☐ 46 - 60 minutes
 - ☐ More than 60 minutes

